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ADMITTED IN NEW JERSEYFACSIMILE TRANSMISSION**DATE: September 20, 2004

TO: Examiner N.L. Torres Velazquez

FACSIMILE NO.: (1-703-872-9306)

FROM: George M. Kaplan, Esq.

PAGES: 9 (including this page)

YOUR REF: Serial No. 09/896,058

OUR REF: 188-87

COMMENT:

Enclosed, please find an AMENDMENT. Please confirm receipt of these documents by return facsimile. Thank you

Thank you.
George M. Kaplan

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SEP 20 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Shigekazu Orita et al.

Examiner: Torres Velazquez, N.L.

Serial No.: 09/896,058

Group Art Unit: 1771

Filed: June 29, 2001

Docket: 188-87

For: ELECTROMAGNETIC WAVE
SHIELDING MATERIAL

Dated: September 20, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
MAIL STOP AMENDMENTAMENDMENT

Responsive to the Office Action mailed June 18, 2004 by the Patent and Trademark Office in the above-identified application, please enter the following amendment:

The amendment to the claims begins on page 2; and

The Remarks begin on page 6.

CERTIFICATE OF FACSIMILE

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Dated: September 20, 2004
George M. Kaplan

RECEIVED
CENTRAL FAX CENTER PATENT APPLICATION
 Attorney Docket: 188-87

SEP 20 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Shigekazu ORITA, et al.

Examiner: Torres Velazquez, N.L.

Serial No.: 09/896,058

Group: Art Unit 1771

Filed: December 17, 2001

Dated: September 20, 2004

For: ELECTROMAGNETIC WAVE
 SHIELDING MATERIAL

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450
 MAIL STOP AMENDMENT

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small entity status of this application under 37 C.F.R. §§1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity under 37 C.F.R. §§1.9 and 1.27 is enclosed.

☒ No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS*	15	20	0	x 9 =	\$0	x 18 =	\$0
INDEPENDENT CLAIMS	1	3	0	x 43 =	\$0	x 86 =	\$0
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				145		290	\$0

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

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- ☐ Please charge Deposit Account No. 04-1121 in the amount of \$____. Two (2) copies of this sheet are enclosed.
- ☐ A Petition for Extension of Time for 2 months is enclosed.
- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. §§1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 04-1121. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 04-1121 therefor. A DUPLICATE OF THIS SHEET IS ENCLOSED.

Respectfully submitted,


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